

1825

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>127</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>748</u>
Town of _____			Local Registrar No. _____
or			
City of <u>Globe</u>	No. _____ St. _____ Ward _____		
2. Full name of child <u>Infant Sanchez</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>M.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes.</u>
5. No., in order of birth _____		7. Date of birth <u>Nov. 5 23</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Barney Sanchez</u>		Full maiden name <u>Lupia Amador</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u>		15. Residence (Usual place of abode) <u>Globe Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mex.</u>		16. Color or race <u>Mex.</u>	
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>6</u>		<u>—</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>still born</u> at <u>1:30 P.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Address <u>Globe, Arizona</u>			
Given name added from a supplemental report _____		Filed <u>11-10-23</u> 19 <u>23</u> <u>13:05</u>	
Month, day, year.		Local Registrar.	
Registrar.		Filed <u>12-5-23</u> 19 <u>23</u> <u>13:05</u>	
		County Registrar.	

022-1105-319